

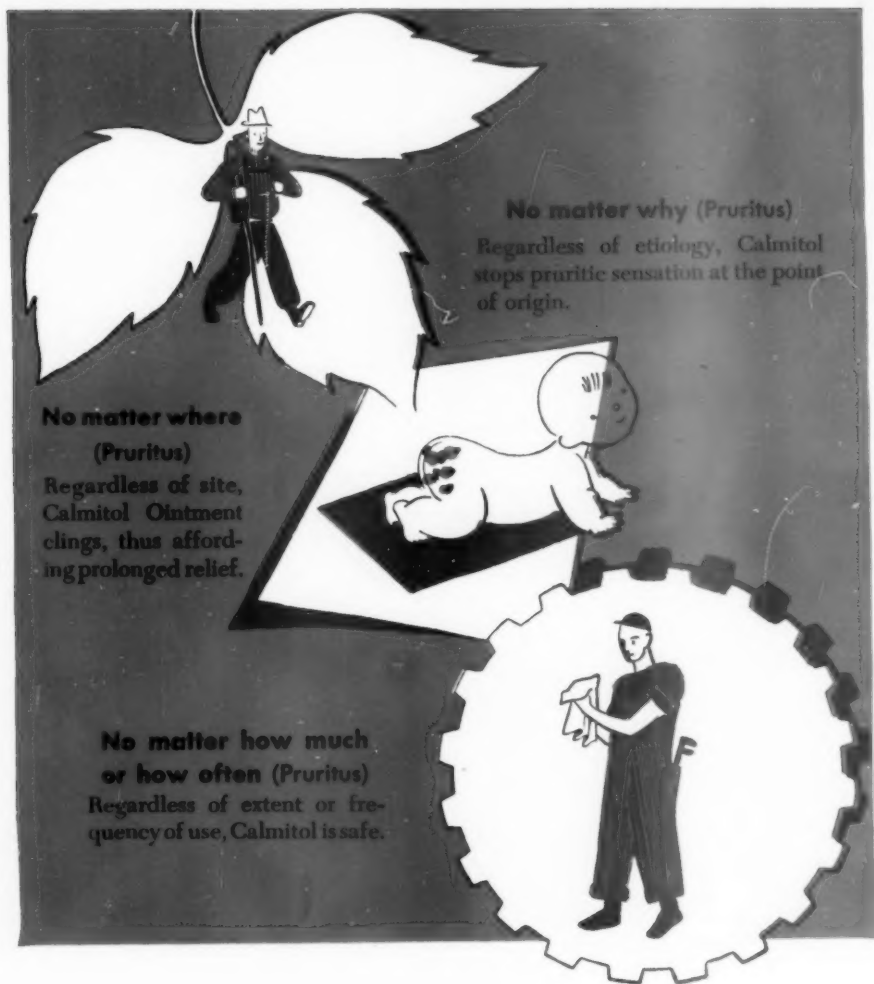


R.N.

sept. 1948

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cover credits

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Product of BRISTOL-MYERS
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NATIONAL DAIRY
PRODUCTS CORPORATION



Why not

28

pain-free days?



In other words, why not rely on Anacin's time-tested, clinically-proven efficacy for allaying menstrual pain?

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Analgesia rely on*

ANACIN[®]

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22 EAST 40th STREET, NEW YORK 16, N.Y.



DEBITS & CREDITS

More, Please!

Dear Editor:

I would like to take this opportunity to thank Miss Janet Geister for her exceptionally fine articles on nursing. It has been a pleasure to read them and to know that all good ideas are not stymied by lack of journalistic ability.

Nursing needs more "pep talks" to raise it from its lethargic state so that the abilities of each can be used to better advantage in the field of nursing. It is only through nurses of Miss Geister's caliber that we can hope to do this.

VERNA MEADE, R.N.
PORTLAND, ORE.



"Practically" Speaking

Dear Editor:

As an R.N., I would like to know why practical nurses call themselves "practical." After my appendix operation a year ago, my husband called the Nurses' Registry and asked for a practical nurse to help out when I came home on my third post-operative day. The nurse arrived and informed us that she did not take care of children. She could not prepare lunch for me and the children. She just took a seat in my bedroom and looked at me. My husband final-

ly told her she might as well go home. She said, upon her departure, we should have called a housekeeper and not a practical nurse.

Many of my friends engaged practical nurses to take care of them and their newborns after delivery. They found out that they do not take care of the mother; do not prepare meals; do nothing about the house whatsoever; and get \$85 to \$90 a week. Many practical nurses, I understand, are getting \$11 to \$12 a day. They do not have the training and education of the registered nurse, and the



public is fooled because they call themselves "practical."

I think it is about time something was done about it. They are taking the place of the registered nurses and demanding higher wages. In this town, practical nurses are booked up six months in advance. Everyone complains about how inefficient they are. In my opinion they do even less than a registered nurse would do in a home.

R.N., PASSAIC, N.J.

Union Supporter

Dear Editor:

It seems that a group of people as large as the nursing group should have organization and strength

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non-drying
to the skin!

Here at last is a soothing, stimulating body rub that gives cooling relief without the heat reaction or skin-drying effect of alcohol. A bland, lanolin-rich emollient containing carbamide and natural menthol, Tomac DERMA-FRESH actually *softens* the patient's skin. And you'll be grateful for the protection it gives your hands!

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enough to procure fair wages and working conditions through their own associations. But, after 20 years in the field and being well acquainted with the unfair existing conditions, the only answer seems to be unionize. I find many nurses, who scorned the idea in the past, are beginning to think in like manner.

True, nursing is a noble profession and the sick need care, but the nurse, too, is a human being with obligations to fulfill and bills to pay. Florence Nightingale may have been able to work for the honor and glory of God and the good of her neighbor, but many of us have families to support and we can't do this with sentiment alone.

R.N., BATAVIA, N.Y.

Bits of Lace and Color

(1) Dear Editor:

I thoroughly disagree with R.N., Great Bend, Kan. [R.N., May.] I grant you a nurse should look dignified, but a small bit of colored lace in the pocket attracts the patient's attention. Why not let them forget they are in a hospital? I, for myself, have worn bits of lace, and found out that patients admire them very much.

R.N., BERLIN, CONN.

(2) Dear Editor:

I just have to put in my three cents' worth. In reference to pretty hankies, it has been my experience that patients admire this bit of color and look forward to seeing that added touch. Remember hospitals are

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Beech-Nut is running in newspapers
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No. 04522 for short sleeves

only
\$13.98

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adding color to patients' rooms and operating rooms. The severity of white just isn't any more.

R.N., MOUNT HERMON, MASS.

(3) Dear Editor:

May I say that many years ago when I was doing private duty in the home, after a few weeks I discovered that my patient was tired of my white uniform. I sent for my old stripes and aprons from my training days and wore this uniform on alternate weeks. I found my patient anxious for the days when I left off the severe white.

I do not wear a handkerchief all the time, but frequently I have very ill patients who seem to look forward to seeing what the next one will be. When I have a patient of that type, I am careful to pick the prettiest and daintiest of my many hankies and change every day.

If it is dainty and a small amount showing, it seems to me that a wee "dash of color" (not a big splash) has its place even on a nurse's uniform.

R.N., HUNTSVILLE, ALA.

Our Infant Profession

Dear Editor:

I think *our* little magazine is tops! I love the way nurses stick up for each other. The way their "bristles bristle" when an outsider speaks out of turn. The way they go to bat for a member of the profession. That's loyalty—that's what we need!

I wish all nurses would remember that our profession is in its infancy and only through loyalty will we ad-

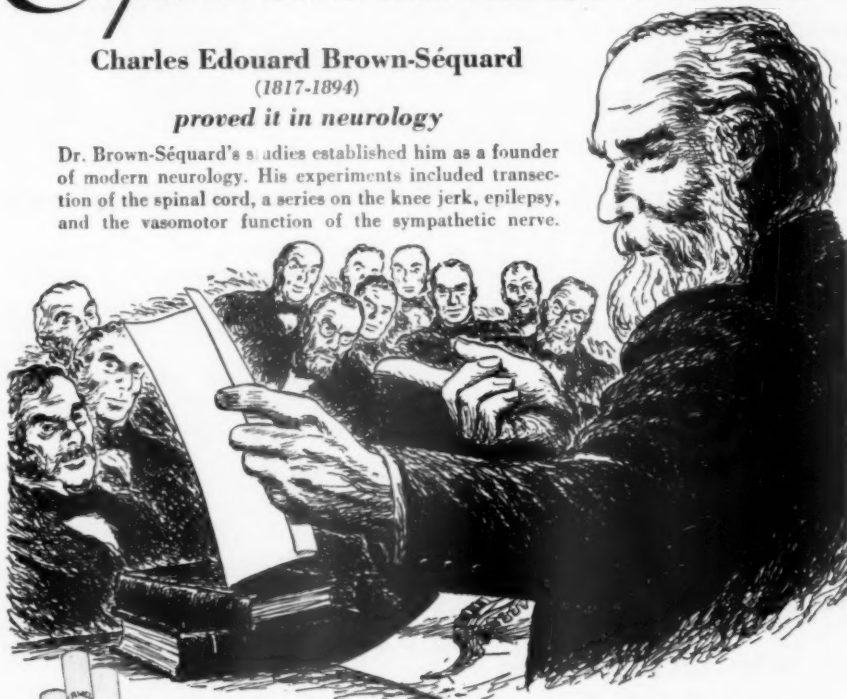
Experience is the Best Teacher

Charles Edouard Brown-Séquard

(1817-1894)

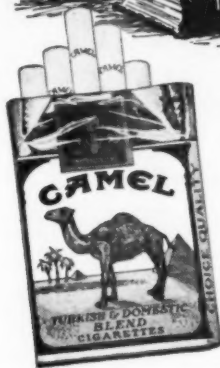
proved it in neurology

Dr. Brown-Séquard's studies established him as a founder of modern neurology. His experiments included transection of the spinal cord, a series on the knee jerk, epilepsy, and the vasomotor function of the sympathetic nerve.



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than any other cigarette

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You say NoDoz Awakeners are invaluable on cases where sitting and watching is essential, but where alertness is just as important.

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Cordially,
Hugh Harrison

Harrison Products, Inc.
45 Second St., S. F.

vance. I speak of infancy because my grandmother was an office nurse—trained by a doctor—and looked down upon. But her daughter followed in her footsteps by becoming an R.N. and now so am I. I hope I may live to make it easier for my two young daughters.

MARY L. DOWNS, R.N.
SIOUX CITY, IOWA

There Ought to be a Law!

Dear Editor:

I am a private duty nurse and was working recently on a case in a small hospital with two practical nurses. Not only did they wear caps, white uniforms, hose and shoes, but one even wore a pin. They collected the same fee as a graduate nurse. Isn't there anything we can do to put a stop to things like this?

PATSY RUTH MILLER, R.N.
HOUSTON, TEX.

[As yet, a set differential between the practical nurse and the professional nurse salaries has not been established by the ANA, but studies are under way.—THE EDITORS.]

Dynamite Prescribed

Dear Editor:

Alexis Wilson's article "Two Weeks Was Not Enough" [R.N. May] describes exactly my own experiences doing general duty during the war years, not only in one hospital but in several.

I admire Miss Wilson for what she has done in getting the cooperation of the superintendent of nurses to

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Ordinary nurser. Moving lights show motions needed to place nipple in feeding position.

Seamless Eveready Nurser. No need to touch sterile nipple! "Lift the Cap—Feed the Baby."



BABY
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bring about prompt action in that case. However, I have found that superintendents of nurses have very little influence with hospital management; their hands are literally tied, especially in larger hospitals. Conditions like those described by Miss Wilson continue to exist.

Hospital administrators spend money on painting the parts of a hospital obvious to Mr. Public, but ignore improvements which would make for efficiency in work. Hospitals haven't been shaken up enough. They are still smug and indifferent. They talk about nurse shortage, and try to blame us for the lack of attention patients are getting. It's an old set-up and like all old habits, it will take dynamite to effect a change. How about R.N. readers tossing this around a bit and suggesting some way of getting action?

BEATRICE DOIDGE, R.N.
SAN FRANCISCO, CALIF.

"While there is life . . ."

Dear Editor:

The letter from Miss Valerie Dickens on Euthanasia [R.N., June], in reference to the petition signed by 1,000 doctors in New York State asking for legislature to legalize voluntary death for incurables, is a timely one.

I know of three cases where preparations for death were being made, but in all three cases the patients recovered. After all it is true that "where there is life there is hope."

BETTY CHODOWSKI, R.N.
ATLANTIC CITY, N.J.

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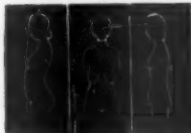
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Light locks on — snaps off with
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3" small for your uniform pocket.

Chosen by a group of nursing authorities

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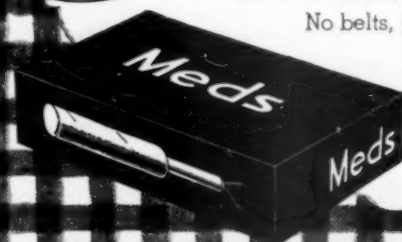
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Regular ... light blue box
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FOR YOUR FLASHLIGHT...

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Dept. RN 9, Milltown, New Jersey

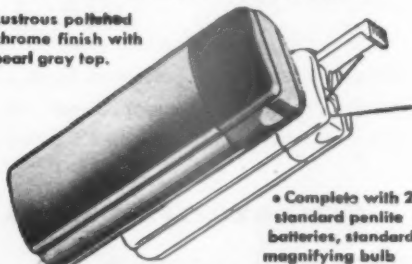
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• Complete with 2
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batteries, standard
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1	LNR 26G x 1½" R.B.	Regular Luer	Intradermal hypodermic
2	LNR 25G x 5⁄8" R.B.	Regular Luer	Hypodermic and local anesthesia (raising wheal)
3	LNR 24G x 3⁄4" R.B.	Regular Luer	Intravenous (syringe) and varicose veins
4	LNR 22G x 1½" S.B.	Regular Luer	Intravenous (syringe) and fontanel
5	45LNR 22G x 2"	Regular Luer	Anesthesia
6	45LNR 22G x 3"	Regular Luer	Anesthesia
7	LNR 20G x 1½" S.B.	Regular Luer	Intravenous (gravity), intravenous anesthesia, intraperitoneal (saline, Neosalvarsan), Wassermann
(7a) *			
8	LNR 20G x 2"	Regular Luer	Intramuscular
9	LNR 18G x 2" S.B.	Regular Luer	Hydrocele, phleboclysis, aspirating, pneumothorax, blood transfusion, intraperitoneal, intramuscular and jugular
10	LNR 19G x 3"	Regular Luer	Hemorrhoidal and hypodermoclysis
11	LNR 15G x 3½"	Regular Luer	Aspirating
12	45LNR 20G x 4"	Regular Luer	Local anesthesia, hemorrhoidal and intracardiac
13	45LNR 20G x 6"	Regular Luer	Local anesthesia
14	462LNR 20G x 3½"	Quincke Spinal with stylette	Sacral and spinal anesthesia
15	462LNR 22G x 2"	Quincke Spinal with stylette	Children's spinal
16	P462LNR 22G x 3"	Pitkin Spinal with stylette	Spinal anesthesia
17	461LNR 19G x 3½"	Spinal with stylette	Spinal diagnostic
18	465LNRC	Regular Curved Tonsil	Tonsil
19	465LNRS	Regular Straight Tonsil	Tonsil
20	480LNR 15G x 2" S.B.	Hose hub needle	Phlebotomy and blood transfusion blood bank—donor
21	480LNR 17G x 2" S.B.	Hose hub needle	Blood bank—recipient
22	480LNR 18G x 2" S.B.	Hose hub needle	Blood bank—children

*LNRH 20G x 1½" Huber Point added to list by Becton, Dickinson & Co., as a recommendation for intramuscular administration of procaine penicillin.

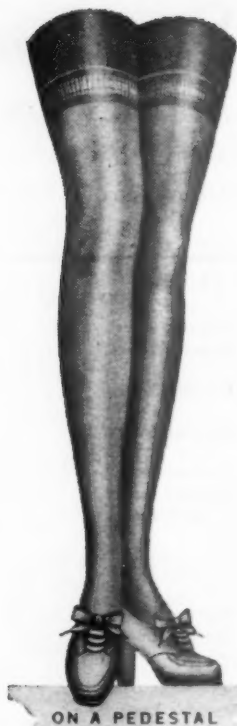
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SCIENCE SHORTS

In *Science*, three Chicago Medical School doctors describe what may eventually prove an important means of diagnosing cancer in its early stages. Accidentally, they found that the injection of an alcohol-ether extract prepared from the urine of cancerous patients causes the spleens and/or gonads of rats to become greatly enlarged within two to four days.



Paroxysmal tachycardias is an inconvenience rather than a sign of heart disease according to Dr. Maurice Campbell of London who states that, in his opinion, prognosis should be judged by the state of the heart in free intervals.

Bread and potatoes, constituting the bulk of the German diet, provide enough energy calories for most of the hungry Germans, but doctors there are worried about the diabetics who need unobtainable fats and insulin. "Life in Germany today is twice as hard for the diabetics," one doctor said.

Dr. C. Anderson Aldrich of Rochester, Minnesota, writing on the advisability of breast feeding for infants points out that as a food, human milk still remains the best type of food for young infants. He states that objections to breast feeding arise

from faulty anti-partum teaching and must be met and resolved in the pre-natal clinic as the problem cannot be handled adequately after the baby is born.

In examining the menstrual discharges of 80 women with primary sterility, six positive tuberculosis cultures were found. The report published in *The Lancet* suggests that female genital tuberculosis is commoner than has been hitherto suspected, and suggests the culture



media examination of menstrual discharge as preferable to endometrial biopsy which gives positive results only when tuberculosis has already reached the particular portion of the endometrium which is removed for examination.

According to a recent survey 90 per cent of Americans suffer from some form of foot ailment.

Dr. Ian Macdonald, writing in *California Medicine*, states that failure to reduce the mortality rate in carcinoma of the lip is in his opinion almost inexcusable. He points out that the cure rate in this type of carcinoma is higher than for any other form of oral cancer, if the primary tumor receives adequate and early treatment.

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Kernels and Cracklings

From the ANA Biennial, II

TRIBUTE TO KATHARINE J. DENSFORD: The retired president held office during the greatest period of change in nurses' thinking. While Miss Densford was president, nurses became more aware of the need for a basic change in nursing education; of the need for several types of nursing, practical and professional; of the need for attention to nurse welfare; of the value of organization as a means of getting action and of expression of personal wants.

Nursing organization and nursing practices moved rapidly from the fairly simple to the highly complex. Presiding these past years when resources were stretched to the utmost limit, student nurse education—one of expediency, and the new health hungers of people were bringing extraordinary demands before we could catch our breath, Miss Densford worked tirelessly to keep our profession on an even keel.

The President's address at the Biennial should have erased any feeling of "destination unknown." After studying her future charting and remembering the sometime rocky seas of the past, the navigator is fully appreciated.

CHICAGO ANA HEADQUARTERS: The movement afoot to move the ANA headquarters to Chicago remained in the contemplation stage when the house of delegates accepted the recommendation that the committee studying this move continue in its efforts until the next Biennial.

ANA COMMITTEE ON NURSING SERVICE: A survey of patient opinion regarding nursing service was recommended by this committee and the proposal as outlined by the Crossley Corporation was agreed to by the ANA Board of Directors at the quarterly meeting in April. "At the time that the Board of Directors agreed to the undertaking it was anticipated that funds would be available from an outside source," but the committee was later informed "that these funds will not be forthcoming." However, since the committee does feel that this survey is of inestimable value, it is attempting to raise the necessary amount from other sources. ➡

The committee recommended: (1) an advisory committee of honorary members on nursing service composed of outstanding lay citizens and (2) representatives from each of the national nursing organizations included in the study on structure.

ASSOCIATE MEMBERSHIP: Retired and inactive nurses interested in their professional organization will still continue to pay full dues for membership or not be members, for agreement could not be reached by the delegates on this matter. The resolution for associate membership was referred to the Committee on Constitutions and Bylaws.

STRUCTURE STUDY ACTION:

- NOPHN:** Endorsed non-nurse membership with certain qualifications; referred the question of one national nursing organization to entire membership. *NOPHN ranks at the Biennial were split wide open on this point.*
- NLNE:** Prior to the Biennial, had endorsed non-nurse membership. Although favoring "voice and vote" for non-nurse members, would withhold this privilege in purely professional problems.
- ANA:** All agreements and disagreements were referred to the Committee on Structure for its further study and consideration. *If that committee's enthusiasm hasn't been dampened by this action, nothing can stop it from finally turning out an acceptable plan.*

Important Adopted Resolutions:

- NYSNA—**(1) In future, ANA House of Delegates' business meetings to be finished by noon of the last day of the biennial, if possible. *Following this resolution, another, which was subsequently lost but which stirred the House because of its untimeliness, recommended that the ANA hold its next biennial convention as a single unit. Mrs. Mabel Detmold spoke to this request stating that it was prompted by the belief that the delegates of NLNE and NOPHN were influencing the thinking and action of the ANA delegates.*
- (2) ANA Board of Directors to instruct the Committee on Retirement Plans to undertake a study of the

Lenox Hill Hospital Alumnae Association's retirement plan.

FREEMAN HOSPITAL:

ANA to continue to promote membership of Negro nurses in the ANA in those states not accepting Negro nurses.

MEN NURSES SECTION:

A men nurses committee to meet with chairman of Federal legislation (*will attempt to promote legislation revoking the exclusion of men nurses from the ANC and NNC*), and all recruitment and publicity pertaining thereto be directed toward men as well as women.

GENERAL DUTY NURSES SECTION:

- (1) Their committee to continue its work and bring back to the next Biennial a definite plan for a merit system for staff nurses.
- (2) Request referred to ANA Board of Directors that nurses attending national and special committee meetings not be penalized by loss of salary, but be paid per diem plus expenses.
- (3) Institutional Staff Nurses Section changed to General Duty Nurses Section. (A general duty nurse is a graduate registered professional nurse employed by a hospital in the direct care of the patient, rendering in varying amounts actual bedside care to the sick.)

ADMINISTRATIVE NURSES SECTION:

- (1) Institutional section divided into General Duty section and Administrative section.
- (2) This section limits membership to administrative and supervisory nursing staffs of hospitals, sanatoria, and similar institutions for the care of the sick, including but not confined to directors and assistant directors of nursing and nursing service, supervisors and instructors. Head nurses who qualify will also be eligible—those who do not will be eligible for membership in the General Duty section. *The major reason for this division was to facilitate the Economic Security program of the ANA.*

PRIVATE DUTY NURSES SECTION:

- (1) Conferences to be planned for state private duty

section officers at the biennials and special national meetings.

- (2) A study to be made on the national level on the private duty nursing situation and an effort to be made to secure more qualified nurses.
- (3) This section went on record as approving a more businesslike statement of private duty fees by eliminating all mention of meals.
- (4) A method to be found to help state section chairmen to exchange reports of activities.

INDUSTRIAL NURSES SECTION:

- (1) ANA Board of Directors to arrange for a series of workshops and seminars to exchange ideas on economic security—employment standards and practices for industrial nurses.
- (2) A full time ANA staff field worker be made available to collect factual data for dissemination to the local level upon request, also
- (3) develop an educational program in cooperation with allied organizations, and interpret and distribute educational material.

NOPHN:

- (1) Went on record as supporting the development of economic security program sponsored by professional groups and based on sound principles of collective bargaining procedure, favoring benefits to be made available to public health nurses.
- (2) Approved in principle the admission of DP's to the U.S. on a non-quota basis and reiterated readiness to assist in the professional adjustment of such displaced nurses as might be admitted to this country. *This resolution was made before Helen F. Murphy's editorial on DP's which appeared in R.N. [June] was off the press, but Miss Murphy and the Citizens Committee on Displaced Persons had previously had correspondence with the NOPHN, NLNE and the ANA. The ANA's reply to their request for support of DP legislation was a refusal on the grounds that "it is our policy to support only those measures which relate to nurses, nursing and health." It would appear that ANA's international professional interest definitely does not extend into DP camps.*

—ALICE R. CLARKE, R.N.

CANDID COMMENTS—

WHAT IS PARTNERSHIP?

THIS WAS MY THEME in August: To meet our nursing needs of today and to help meet those of tomorrow we must develop a greater productivity in our present staffs. This theme needs elaboration.

What does "increased productivity" mean? Charles Luckman, president of Lever Brothers, in an address to the American Management Association, says it means "that with the *same* number of workers and using the *same* machinery we produce an *extra* amount of products per hour." Can this be achieved by having nurses work an extra hour per day and carry heavier case loads? Quite the contrary—such methods would only end in creating greater shortages through nurses' breakdowns. There are other means.

Few of us fully comprehend how greatly hospital nursing has changed in the past decade. More new diagnostic methods, more new kinds of treatment have been added month by month, until it seems a miracle that nurses can accomplish as much as they do. More and more of these procedures, once done by doctors, are now transferred to nurses. The great upswing in early ambulation increases, rather than decreases, the nursing load. A California study¹ of nursing loads in 1948 as contrasted

with conditions in the same wards in 1940, shows a gain of 521 per cent in ambulation in the medical ward and 440 per cent in the surgical ward. Every new treatment calls for the care and use of more appliances, more recording, more requisitions, more steps.

"Nursing is a hodge-podge of conflicting demands," says Margaret Gahan in the *American Journal of Nursing* [Feb. 1947]. And Dr. F. S. Coombs² cites a startling list of the jobs "we now ask of the nurse." He ends with the trenchant questions:

"Isn't it time someone re-evaluated the number of nursing procedures and determined whether all of them are necessary? Is all of the clerical work necessary? Should someone else be given the responsibility of making out laboratory and x-ray requisitions? Are nursing notes necessary in at least 50 per cent of our patients?"

"If we could free nurses from some of these duties couldn't the reduced number of nurses give better nursing care? Wouldn't the public be better served? Shouldn't we take stock now?"

These questions must be answered before we can solve the problem of adequate nursing care. More and

by Janet M. Geister, R.N.

more has been piled on nursing shoulders and less and less taken off. Small wonder that staff morale is often low—the constant struggle with the impossible is destructive. The nursing staff alone cannot answer these questions. The doctors who write the orders, the hospital managers who look to nurses to carry out hospital routines, have an equal responsibility. Is this a job for the efficiency expert, or for a nation-wide study? Perhaps something of both, but isn't it reasonable too to start right where the problem is and right where the workers are—the workers whose cooperation in planning and

execution is essential to success? Every hospital presents its own special problems of policies and physical lay-out.

Mr. Luckman believes that our national industrial output can be increased by at least 10 per cent without an increase in facilities or manpower—and that this can bring higher wages, lower prices and greater dividends to stockholders. His formula is simple, one that lends itself with peculiar grace to the nursing situation. He proposes that any plan for increased productivity be the *joint* product of employer and employee thinking. "If there is any place



BIENNIAL ADDENDA

MATERNAL AND CHILD CARE

- Since the time when a shocked nation learned that 75 per cent of its maternal deaths were preventable, great strides have been made in the field of maternal and child health. Dr. M. Edward Davis, professor of obstetrics and gynecology at the University of Chicago, reported that America has now become the safest country in which to have a baby. In 1935, 12,544 women did not survive pregnancy; in 1945, this figure had dropped to 5,688, in spite of a 25 per cent increase in total births. In 1947, 3,910,000 babies were born alive and fewer mothers lost their lives giving birth than in any previous year.

- The elimination of the yearly medical examination and substitution of four thorough examinations throughout a child's school career were advocated by Dr. Leona Baumgartner, director of the Bureau of Child Hygiene, New York. She heatedly denounced the yearly physical as "a hoax," and of "less value than the paper on which it is recorded." Dr. Baumgartner stressed the establishment of a continuous and competent follow-up as the most important part of the whole school health program.

in the industrial process where the concept of partnership has validity, this is it . . . The drive to achieve can be created only by freely accepting men as equals in the productive process . . . Labor should not be an antagonist but a partner in the common search for higher productivity."

He proposes a Joint Productivity Clinic made up of both labor and management. The clinic would do research on present techniques, formulate methods and procedures for increasing productivity, and it would try out ideas in specified areas.

Here we have the same plea for *partnership* that has appeared in

R.N.'s pages. Our present plans for relieving shortages call for things done *for nurses* as well as for patients. What we need is to plan *with* nurses *for* patients. It is the only way we can get higher rewards for everyone concerned, and an increase in productivity without waiting for increased manpower.

Partnership is a "joint possession or interest." From a nursing viewpoint joint interest does not deal with material things. Nurses do not want to own hospitals. Their partnership relates wholly to the one thing the hospital is there for—the welfare of the patient. [Continued on page 72]



BIENNIAL ADDENDA

PARTNERSHIP AND LEADERSHIP

● Citing the USPHS as an example, Dr. Leonard Scheele, surgeon general of the USPHS, urged "every hospital, health department and other health organization to provide full partnership for America's professional nurses." He emphasized the nurses' value as members of a health team and declared that such recognition should include "paying them as full-fledged team members." His advice to nurses was: "Your responsibility is to the patient, not to your critics; to the public you serve, not to the exigencies of the moment; to the ideals of your profession, not to expediency."

● The professional person . . . is in a position of leadership whether he likes it or not . . . his opinions carry weight with others, not only in the professional field, but in matters of general interest to all citizens in a democracy." With these words Dr. Rollin B. Posey, dean of Northwestern University, called upon men nurses to take a greater part in public affairs and emphasized the need for them to adopt a new attitude toward foreign relations.

OUR HANDS

● POETS HAVE EXTOLLED them in verse; artists have placed them on canvas. They have been the medium of romance, of comfort, of peace. Yet many of us fail to estimate the true value of our hands, the two silent servants who perform their daily tasks with a minimum of fuss and a maximum of skill.

In our profession, our hands are of the utmost importance, but unless they suffer some unfortunate accident, we are prone to take them for granted. It might be to our own advantage to evaluate their usefulness to us and, if necessary, increase their efficiency.

Next to our superior intelligence, our hands set us apart from the animal kingdom and the lower primates. Some of the primates have well developed fingers but the thumb is rudimentary. The human thumb is an efficient digit and, coupled with superior intelligence, enables us to perform simple manual operations which would be impossible for any of the apes.

Primarily, the human hand is a thing of beauty. But it will remain so only with care. The rewards of hand care are many: clean hands do

not become infected easily, they are more comfortable and, if a cosmetic effect is desired, the improved beauty of the hands is a reward in itself.

After giving attention to the health and beauty of our hands, the next thoughts should be directed to their efficiency. Are we training our hands to the limit of their possibilities? Do we begin new procedures carefully enough so that our hands *learn* to take the responsibility after practice, leaving the mind free to plan other work? Are we using both hands to the fullest advantage? Do we allow our right hand to do all the work and use the other only as a helper? Until we have given these questions serious consideration, it is doubtful if we are deriving the full use and benefit of one of the most useful gifts to mankind.

Every type of work requires some manual dexterity but the uses to which we can put our hands is without limit. How dexterous we become depends upon the effort we make to train our hands to do the work assigned. Do not be deceived: the "handy" person has given attention to the training of his hands; such ability is not a "gift." The in-

by **Weston A. Ruth, R.N.**

ability to do as well as others is not so much awkwardness as it is inattention to self-training.

All of us have trembled when giving that first hypo, when threading a half-curved cutting needle with a strand of catgut when it is being urgently called for by an impatient surgeon. Those first few scrubs under the watchful eye of the operating room supervisor and the criticism of the surgeons are difficult, but there is no better place to *teach* the hands so that they work while we think. Well-taught hands lighten labor and enable us to improve all our techniques. We should attack new techniques carefully and deliberately and then watch our own hands at work to determine if they are working efficiently. When they are, the hands are objects of beauty, not only to ourselves but also to those who watch us work. Our patients, too, will appreciate quickness, firmness and controlled dexterity.

Developing the sense of touch is most important as our finger tips can tell us much that we cannot see or hear. We can learn much about our patient's condition from the pulse or the "feel of the skin," and we can



test the softness of beds and smoothness of the articles used in daily work. Remember that the sightless learn to read, using their fingers on braille. The acuity of their sense of touch is highly developed.

Right- and left-handedness is a topic that has always evoked much discussion. It is an established fact that both hands can be equally useful to us, no matter which is dominant. The development of ambidexterity is somewhat difficult at first trials, but it can be accomplished. Each individual, if he is to obtain the maximum efficiency from his hands, should develop the hand that he naturally uses least. The fabricated objects in our world have been made for the right-handed person and the left-handed individual has some difficulty accommodating himself.

However, it would be pointless for us who are right-handed to develop ambidexterity in some of our daily procedures, such as writing or eating. The left-handed person may find that he becomes nervous trying to eat or write with the right hand, but he can learn to his advantage to use a scissors or other surgical instruments made for the convenience of the right-handed person. Ambidexterity makes the surgical nurse priceless when able to sponge with one hand and clip sutures with the other in surgical procedures.

Lest we find it too convenient to say "It can't be done," let us look at three procedures which require the coordinated use of both hands: typing and piano and violin playing. The standard typewriter keyboard is so

arranged that the fingers of both hands are equally active in typing words in the English language. The training of a typist begins with the use of both hands and, since the work is new, both hands must learn their part of the procedure. The same is true of the pianist, but neither the typist nor the pianist seems to experience any great difficulty. The violinist, however, has a different procedure: the bow is manipulated with the right arm and hand while the various tones are obtained with the fingers of the left hand as it travels up and down the finger board. In all these activities something new is being learned by the beginner and both hands are learning at the same time.

One of the first procedures learned in nursing arts is making an unoccupied bed. We learn to tuck the bed clothing under the head and foot of the bed with both hands simply because it would be most inconvenient to do otherwise. Why should the left hand be at rest in many of our daily procedures, used only as a paper weight or as a plumber's helper? In these days when we are so short of nurses, the nurse who does not use both hands is only a fraction of a whole worker as compared to one who uses both hands wherever it is possible to do so.

The use of the hands is facilitated by the nimbleness of the fingers. In order to develop flexibility of the fingers in the least used hand, select some task or exercise for that hand that requires unusual activity. In my work [Continued on page 70]

Initiative in Low Cost Nursing Care

MOST TOWNS, both large and small, have hotels that cater almost exclusively to older people, usually resident guests who have retired and are living on pensions or annuities.

One such hotel, managed by two brothers who are themselves well along in years, recently innovated a nursing service for their guests. Actually, the idea was originated by a private duty nurse living in the hotel. She had noticed the difficulty that many of these older persons experienced in going from their rooms to the dining room for meals. She knew that they lived comfortably but nevertheless on fixed budgets that would never permit the expense of private nursing care; nor did they actually need the exclusive services of a private nurse.

She evolved a plan which has worked out so well for everyone concerned that she now has three additional nurses helping her in this one hotel. For a fee of \$2 a day per guest, she provides tray service three times daily, a bath each day and minimum medication. Now these old people have someone looking in on them at least three times a day, receive a refreshing bath and are given their medicine. If more care is needed, the rate is adjusted accordingly. The happy result of her venture is that more than fifty old people in this one hotel are no longer afraid of being alone and helpless.

—CHARLES F. DRAKE

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Anne M. Goodrich, R.N.

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by Anne M. Goodrich, R.N.

● SIDNEY INGRAM, former captain, U.S. Transportation Corps, ETO, accustomed to Uncle Sam's streamlined supply methods, felt he had cause for complaint as he helped his wife prepare daily formulas for their baby. This time-consuming and tedious process seemed unnecessary to one trained in the Army's efficiency system. Out of his growing disgruntlement was born the Infant Formula Laboratory Service, Inc., which today supplies 300 babies in the Brooklyn (N.Y.) area with their individual formulas.

It was not so easy a birth as Mr. Ingram might have wished for; the labor pains were long and difficult.

← Nervous new mothers and perspiring fathers who manned make-shift sterilizers in 300 New York homes have relinquished their time-consuming tasks to the efficiency of a capable, streamlined laboratory where infant formulas are prepared and delivered to the "hungry horde."

But today's smoothly operated laboratory is tangible evidence of the value of his idea.

Encouraged by the family pediatrician, Mr. Ingram began to investigate the possibilities of establishing a service to supply individually prepared baby formulas to mothers. He studied ways, means and costs. He planned his laboratory, his equipment and personnel. Finally, in the spring of 1947, he applied to the Board of Health for a permit and was promptly turned down. Undaunted, he asked for a hearing before the Board and presented an outline of the laboratory as he expected to set it up. Perhaps some harassed fathers on the Board swayed other members, for in June they passed a specific code under which this new venture might be licensed.

How was this service to work? Before a mother leaves the hospital, her physician prescribes a formula for the infant and mails it to the laboratory. There, under the supervision of a registered nurse, the formula is made up. It is delivered daily to the home at the same hour each day. Its cost: \$4.75 weekly.

On paper, the plan sounds simple, but in actuality there were many complications before "Operation

Feeding" could begin. The first requirement the Board of Health set up was that an industry of this type must be housed in a building of its own. The service's present home is a two-story structure. On the first floor is a glass-walled laboratory where the formulas are prepared. Built into one wall is an autoclave for terminal sterilization of the formulas. A door in the next wall opens into a large refrigeration room for the storage of formulas awaiting delivery. At the far side of this room another door gives access to a driveway where the delivery trucks are loaded. Next to the refrigeration room and also accessible to the driveway is a bottle washing and sterilizing machine which Mr. Ingram adapted for use in his business. A conveyor attached to the machine takes the washed and sterilized bottles back into the laboratory for re-filling.

In charge of the preparation of the formulas is Miss Helen Christie, a graduate of Englewood (N.J.) Hospital and a former member of the ANC.

Most of the formulas prepared at the laboratory are of the familiar type of whole, evaporated, or dried milk. However, whatever variations or innovations the doctor has ordered are carefully compounded by the laboratory. One type of formula calls for the addition of egg yolk, another for gelatin.

Because of these differences, every formula must be prepared individually and with great care. For example, a formula which contains lactic acid cannot stand terminal sterilization. In

such cases, the physician is consulted and he may decide to have the lactic acid added by the mother in the home or he may find it possible to modify the formula.

No formula is made up without the physician's written order. Doctors sometimes telephone formulas and say they will leave the confirmation order in the home to be picked up when the first delivery is made, but Infant Formula Laboratory encourages physicians to forward the prescriptions by mail before the new mother goes home from the hospital, thus assuring immediate service.

Formulas are delivered once daily at a time convenient to the customer. Once a schedule is established the formula arrives at approximately the same hour thereafter. It is never left on the doorstep but delivered directly to the mother. One extra bottle is always supplied ahead of schedule as a precaution in case of accident. Occasionally, a frantic mother, having dropped or broken two bottles, calls the lab. She is reassured and told that an extra feeding or her regular day's supply will be delivered before her current supply is completely exhausted.

Regardless of content or quantity, the weekly cost of the service is the same. With the first delivery goes a supply of nipples, but subsequent nipples must be purchased by the mother. To each daily formula supply are added a bottle of sterile water and an empty sterile bottle to be used for orange juice, if so desired. The 24-hour supply, metal capped and sterilized, is packed in individ-

ual metal boxes, each labeled with the baby's name, address and formula content.

Under the provisions of the code set up by the Board of Health, all personnel of the laboratory are considered food handlers and must undergo rigid physical examinations every three months. Formulas must be prepared only on the order of a duly licensed physician and under the direct supervision of a physician, registered nurse or graduate dietitian. The formula must be delivered to the consumer within twelve hours of the time of bottling and each bottle must bear a label giving the name and address of the consumer, the name and address of the lab, the day and hour the milk was bottled, and a statement that the milk, prior to use, must be kept refrigerated at 50° Fahrenheit or lower.

Other regulations cover the plant facilities, cleaning and sterilizing fa-

cilities for bottles and utensils, water supply, ingredients, bottling and terminal sterilization.

It is a tribute to the industry and perseverance of Mr. Ingram, his partner Mr. Allan Miller, and Miss Christie, that despite what seems to the layman an overwhelming welter of detail, they have built up a rapidly growing business. Since the concern began operating, it has served over 400 babies at home. It is now the exclusive baby formula service for the Swedish Hospital. The regular day shift has recently been augmented by a night shift and the personnel increased. Plans made to expand the service to include the other four boroughs of New York have recently been successful.

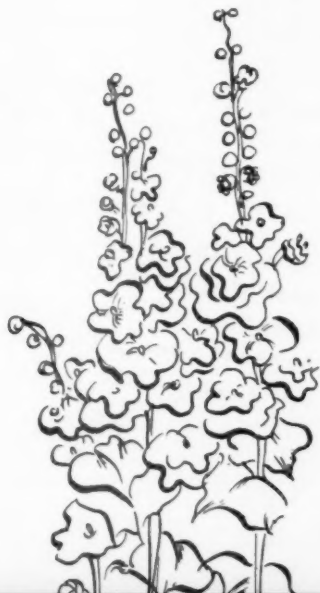
It was a simple idea, based on a simple need, but the Infant Formula Laboratory Service, Inc. has become a profitable business for its inventor and a boon to overworked mothers.

Garden of Tomorrow

In the garden of tomorrow
Hope grows tall like hollyhocks,
While anticipation blossoms
Like huge fields of flowering phlox.
Plans—but mere snowdrops—
Soon to melt on frond or stem,
While air-castles—frail poppies—
Fall to earth, who knows just when?
Preconception—Spring's arbutus—
Fearful, clutches nature's breast,
While expectation—a mere crocus—
Leaves Winter vanquished like the rest.

—MARIE X. LONG, R.N.

september R.N. 1948



Letters to a fledgling— by Marion Wefer, R.N.

Dear Indisposed Niece,

Now that I've got my breath back and have had a long-distance talk with your Directress and doctor, I am easier in mind. I have it on their word of honor, which I have no good reason to doubt, that you feel better too, and are well on the road to recovery. You can expect the family and me on the next train, however.

Your appendix is safely out, praises be, and soon you can begin to take in, along with your soft diet, some invaluable impressions on what it means to be a patient. There is nothing like being laid out flat on a high hospital bed, dependent on others for the necessities and the courtesies of life, to completely round out your R.N. education. It is an extracurricular subject which will give you more practical help than anything else I know of in becoming the "perfect nurse." It is the hard way to purchase knowledge, I admit, but since the bargain is laid in your lap, be grasping and squeeze the most value you can from it.

I had my turn on that same bed a few years ago. No, I am not going to tell you about my operation; but I must say it sharpened my perception of the shades of difference between the merely adequate nurse and the nurse with the positive plus quality. Are you finding yourself

surprised at all the little things, "the little foxes," that eat you up with irritation? The irritation will wear off when your resistance comes back, but remember those tremendous trifles when it is your turn to be a nurse again.

I can remember so well how I realized that it is not a fussy trifle to be wary about shaking a patient's bed. One of the doctors, yes, an M.D., came in to see me, took a firm grip of the foot rail of my bed, and swung and teetered there until I could have screamed at the man! Grimly I set my teeth, declaring to myself, "This I will remember!"

I once had an observant landlady who used to say that she could tell a nurse and her quality by the way she shut a door. You can beguile your convalescence by taking note of the niceties, the little extra details that make for good nursing. Show your notes to me when I come, for it won't hurt me to check myself over and learn some new tricks and points of view. Indeed, my dear, what an asset your discarded appendix can turn out to be!

But now, availing myself of my Auntly privilege, I am going to scold you a little. How did you let yourself in for a thing like this? You must have had some warning.

[Continued on page 5]

REVIEWING THE NEWS

► **WESTERN EUROPE**, with Germany excepted, has so improved its health conditions that they now compare favorably with those of pre-war days. Such, at least, is the contention of a statistical report made public recently by the Metropolitan Life Insurance Company. Efforts of relief agencies are held to be largely responsible for the improvement. Another factor, according to the statisticians: the war had a survival-of-the-fittest effect.

► **A 44-HOUR WEEK** for staff nurses and supervisors went into effect recently at the Hospital of the Women's Medical College, Philadelphia. No reduction in pay (quoted as basic salary of \$135 a month for staff nurses and \$200 as real wage) was involved in the change, which shortened the work week four hours and provided added compensation (\$13.50 a month) for night duty. The move was announced as "an effort to meet standards recommended by the SNA and the Hospital Council of Philadelphia."

► **MALARIA**, which attacks an estimated 100 million persons a year and is held to be one of the chief contributing causes of the world food shortage, has been given top priority on the disease-control program of the World Health Organization. Specific recommendations for combating the scourge on a world-wide scale have

been proposed by WHO's expert committee on malaria, which held a seven-day conference in Washington recently. U.S. representative on the committee is Dr. Paul F. Russell.

► **VITAMIN RESEARCH** benefited recently by new grants-in-aid, totaling \$16,000, to scientists at four universities (Western Reserve, Massachusetts Institute of Technology, Vermont, Southern California). The funds, supplied by the National Vitamin Foundation, New York City, bring to \$126,320 the NVF's nutrition-study grants since March, 1946.



► **THE INTERNATIONAL CONGRESS OF NURSES** will be held in Stockholm, Sweden, June 12-16, 1949. A message from Miss Gerda Hojer to ANA Headquarters states that all nurses planning to attend the Congress must show evidence of their current affiliation with the ANA. Nurses expecting to go are urged to notify ANA Headquarters as soon as possible, as it is necessary to give full information to the ICN at the very earliest date.

For information regarding travel arrangements, Miss Kathleen Tuite, Travel Arrangements, 501 Fifth Avenue, N.Y.C., has been appointed by the ICN to supply information to American nurses interested in attending the Congress.

REVIEWING THE NEWS



Hamilton Wright

► **EGYPT**, seeking to improve health conditions for *fellaheen* (farmers), is reported to be setting up a chain of rural "social centers," each staffed by a full-time physician, a "health visitor," and a welfare worker. Each center serves a population area of 10,000—providing free clinics and educational facilities for adults and children. Villagers contribute lands and funds (or labor) to establish the centers. Administration is by local committees under direction of the government.

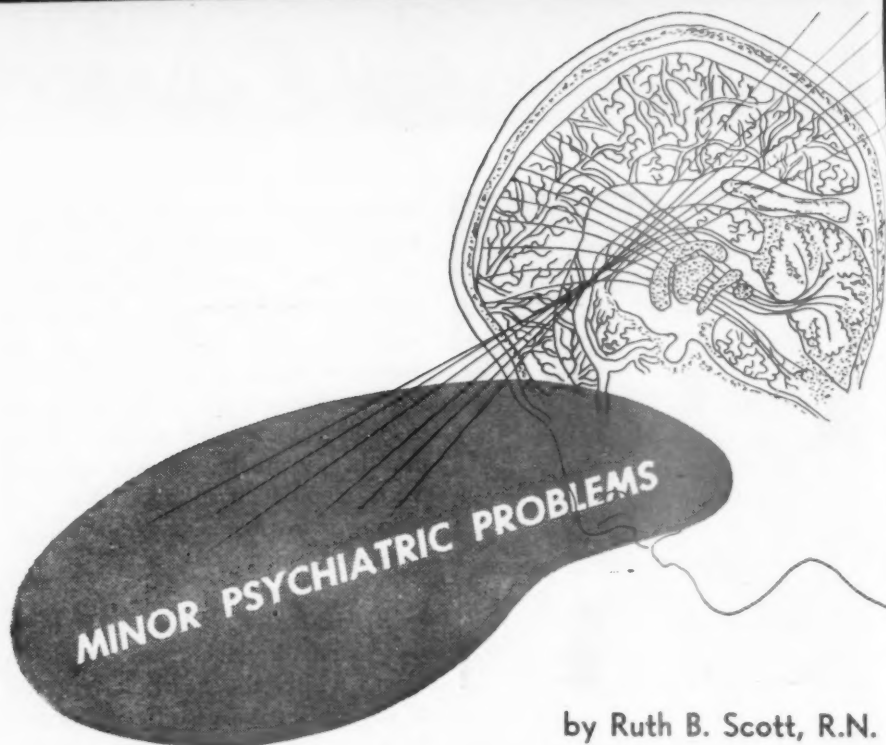
► **A CITIZENS' Committee on Hospital Careers** has been formed by the Greater New York Hospital Association, with Mayor William O'Dwyer as honorary chairman, Helen Hayes as chairman, and Anson C. Lowitz of the J. Walter

Thompson Co. (advertising) as vice-chairman. Recently the committee began a publicity campaign to point up the importance of hospitals and the "job satisfaction" to be found in doing hospital work. Special emphasis is being placed on the recruitment of 1,400 student nurses for the 39 nursing schools affiliated with member hospitals. "No fund raising is involved," says an association spokesman.

► **"BLUE-BABY" SURGERY** of a new kind, involving operation on valves within the heart, is reported to have been successfully performed by a London specialist. The patients, afflicted from birth with pulmonary stenosis, were an 11-year-old girl and two young women, aged 18 and 23. The girl has been completely cured and the others improved, according to the surgeon.

► **PATIENT-REFERRALS** between hospitals, physicians and public-health nursing agencies in the New York City area are being handled by a revamped and more effective method entailing the use of a new referral form, according to recent announcement. The form, designed to promote constructive use of auxiliary social services as well as medical care, provides for a follow-up on each patient and continuing interchange of information among all concerned.

[Continued on page 65]



by Ruth B. Scott, R.N.

IN AN AGE where psychoanalysis has become a by-word and much more emphasis is placed on mental health and the early treatment of psychiatric disturbances, many completely normal people find themselves worrying over some of their own real or imaginary eccentricities. Nurses, who see all types of physical and mental abnormalities, are more prone than the average layman to fret over their forgetfulness, procrastination, twisted words, habit tics, little fears and indecisions.

For practical advice for this group with their minor psychiatric problems, Dr. S. Harvard Kaufman, head of the mental hygiene section of the Washington State Department of

Health and director of the Seattle Guidance Clinic, was consulted.

"I can't tell nurses in an article how to *cure* psychiatric symptoms," Dr. Kaufman said. "If this were possible, we psychiatrists would write a few books to hand out to all our patients and close the mental hospitals and clinics. It isn't possible to give cures by an article, and I would be unethical to try to do so, but I can try to give nurses a little understanding of the dynamics behind the symptoms, and why they happen."

Dynamics are the forces that motivate human activities, whether they be action, feeling or thinking. According to Dr. Kaufman, most motivations of everyday living are un-

conscious. The psychiatrist helps the patient to bring these motivations into the conscious mind, where the intellectual-emotional reaction helps resolve them.

One of the most common of mental delinquencies is forgetfulness, and to illustrate the dynamics behind this problem, Dr. Kaufman began his discussion with "blocking or circumscribed forgetting," one type of poor memory.

Memory may be more willing to serve the unconscious mind than the conscious. One nurse, disturbed because she never could recall a certain staff doctor's name until after he had left her floor, found the answer to her problem by reviewing any possible associations that might make her want to forget him. Nothing unpleasant had happened in her professional or personal contacts with him, but as she penetrated the past she startled herself with the thought: "Why, he looks like my first boy friend who walked out on me in the middle of a dance."

Upon comparing the two, she realized that the resemblance was only superficial, yet unwittingly she had been blocking the doctor from her mind to prevent stirring that old wound. Her mature ventilation of an old grief had lessened its power to hurt her. Because she had unearthed and analyzed the cause of the blocking, she was able to remember the doctor's name thereafter.

Analysis or psychoanalysis is not always so easy as in this illustration for often a psychiatrist must have many interviews to find unconscious

resemblances. Sometimes they can never be found. When resemblance is so construed that it causes hate rather than forgetting, the desire to injure may be directed toward a completely innocent person, showing its expression as "I disliked her the first minute I saw her. Let's not invite her into our club." This type of social injustice is all too common. More seriously, the unconscious association may arouse an uncontrollable desire to kill this innocent person.

Forgetfulness may be a symptom of a psychiatric problem but much so-called poor memory is really poor attention. The nurse who is thinking of something else while someone speaks to her has an attention defect; therefore, of course she can't remember something that has never been in her mind. That is why note-taking helps—it gives a double perception. Words are heard, absorbed in the mind, converted to the muscular action of writing, and read again by the eyes as the hand writes. This added perception helps the retention of the information over a longer period of time, even though the notes are never referred to again.

A firm believer in this system, a certain night superintendent who always carried a notebook and pencil while making rounds, was the butt of the staff nurses' jokes. Although they laughed behind her back at this practice, they finally accepted the reliability of her written records when they recognized the fallibility of the human memory.

Attention, or lack of it, again plays a part in another problem, that of

jumbled words. When attempting to carry on a conversation while thinking of something else, the nurse often hears herself calling a person by someone else's name or saying something entirely out of tune with the conversation. Most of these slips occur when the speaker is tired or under some strain.

"Substitution of words," Dr. Kaufman says, "may be an expression of anxiety or of repressed hostility coming to the surface. We all have repressed feelings. When we make a slip, about all we can do is to be a comedian and cover it up."

Fear and needless anxieties confront everyone at one time or another. Dr. Kaufman suggests: "Try to think why you are that way—understanding will relieve the severity of the symptom."

Another problem with which women particularly are confronted is indecision. Like Jenny, "who couldn't make her mind up," women seem unable to solve their own problems

without undue worry and stress.

Closely allied to indecision is that old carry-over from childhood, procrastination. Its cause? "I don't want to!" The tendency is to put off doing things so long that finally they no longer need to be done.

Dr. Kaufman approached the subject of tics and muscular twitches by pointing out that there is a difference between the two and both can be due to a variety of causes. Some, such as those caused by encephalitis, are organic and cannot be self-diagnosed. Others, non-organic in origin, may be. Tics are actions, like winking the eye, that can be reproduced or controlled voluntarily, but have become compulsive and are repeated frequently against the conscious wish. Muscular twitches, a common experience in fatigue and tension, cannot be reproduced or controlled voluntarily. They may be a symptom of overstimulation of a nerve. Insufficient sleep or overindulgence in coffee, alcohol or smoking [*Continued on page 58*]



MENTAL HOSPITALS NEED PSYCHIATRIC NURSES

DIFFICULTY IN FINDING properly supervised mental hospitals as teaching fields in which to give students the three months of psychiatric nursing currently advised, stresses the need for more qualified psychiatric nurses.

Psychiatric nurses are needed as head nurses and supervisors, or superintendents in mental hospitals, the demand being so great that experienced nurses entering this field are rapidly promoted to positions of responsibility.

Veterans undecided as to their fields of study might well consider psychiatric nursing as a career.

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Letter to A Fledgling

[Continued from page 43]

Did you, like 99 per cent of the nursing profession, blithely ignore your warnings and proceed on the theory that you had professional immunity? The "this can't happen to me" attitude is a baseless theory and leads, like pride, to many a fall. But I know you girls. You will eat the most weird combinations at all hours, ignore elimination, skimp your sleep, think yourselves clever in experimenting with bottles and pills out of the medicine cabinet, and then have the nerve to be exceedingly surprised and indignant when cause and effect combine to make you very unhappy. You can't win! You, of all possible people, ought to be upholding the laws of health daily by your own example!

A great deal of a nurse's work is teaching. This part of her duty will become increasingly important, I predict, as public health and community nursing expands. No teacher is as effective as the one who has complete faith in her subject and you, as a teacher of health, should prove your sincerity by being a healthy teacher. Otherwise you will stand before your patients as unconvincing as Bob Hope's barber, who, unless I am misinformed, had a "fine head of skin!"

You'd be surprised, as I was, at a comment on nurses in Louisa Alcott's "Journals and Letters." By the by, her little known "Hospital Sketches" would make very interesting convalescent reading for you and help you to get good marks in history of

it's ready now!



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nursing. The contrast between the military hospitals of the Civil War period and the way the wounded are treated today makes you long to hurry back through history with your hands full of sulfa drugs and plasma bottles.

But I started to tell you about Miss Alcott's experience with the private duty nurses of her day. She needed someone to care for her venerable father and writes (the italics are mine), "Much trouble with nurses; have no idea of health; won't walk; sit over the fire and drink tea three times a day; ought to be an intelligent hearty set of women." That was only 64 years ago; three score out of the allotted "three score years and ten" of the average life span. What a distance the profession has come since then! At the same time, what a youngster of a profession nursing is, after all! Really, why should we worry unduly if controversies do rage about nurses, their education and professional relations? The process of growing up is often a painful one, but almost all of us outgrow our puppy awkwardness.

I was fascinated by Miss Alcott's account of her days as a volunteer Army nurse in 1862. Louisa, who was 30 years old at the time, mended her oldest clothes for hospital wear as "nurses don't need nice things," and off she went to Washington where she was unluckily assigned to one of the worst administered hospitals in the capitol. "A perfect pestilence-box," she called it. She served for six weeks, mostly on half night-and half day-duty, from 12:00 noon

VOLUME TIGHTLY BOUND



Twin Performance

Two-year diet study of 267 children reveals no difference in health and growth between those fed butter and those fed fortified margarine like Nucoa.

You may have read about this study. The detailed report appeared in the February 1948 issue of *The Journal of the American Medical Association*.

The Gist of It

Two approximately equal groups of children—kindergarten to teen-age—in two similar institutions, were fed a supervised diet for two years. 25 to 30 per cent of the total calories were supplied by fat. Butter, for one group—fortified margarine, for the other group—constituted 65 to 70 per cent of these fat calories. Specialists in pediatrics supervised the medical care of the children. They kept detailed records of health, growth (by monthly

height and weight measurement), blood cell count, hemoglobin determination.

Results of the study confirm previous studies made on animals and the broad experience of margarine users. They show *no evidence of a special growth factor in butter* which makes it superior to a fortified margarine like Nucoa.

Where You Come In

Considering the controlled *uniformity* of flavor, freshness and food value of margarine like Nucoa, and its availability at a price the *average* household can pay, this study has *significance* for everyone interested in good national nutrition.

You yourself will want to have first-hand experience in the day-to-day use of margarine. Be sure to try *Nucoa margarine*—on bread, as seasoning for vegetables and in all cooking uses that best test its flavor. We believe you'll agree—Nucoa's so good "it melts in your mouth."



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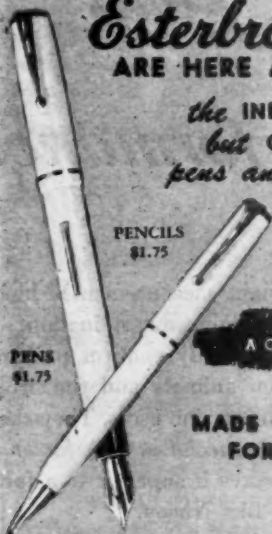
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to 12:00 midnight, which she liked because, she writes, "It leaves me time for a morning run, which is what I need to keep well." Her "morning run" was not enough to keep her well. She came down with typhoid pneumonia and was shipped home under her father's care, shortly after the death of the hospital matron from the same malady. She almost died herself and was never completely well after her harsh experience. She gives a quaint glimpse of Miss Dix who packed her off with a basket of comforts including a fan and a Testament. "A kind old soul, but queer and arbitrary."

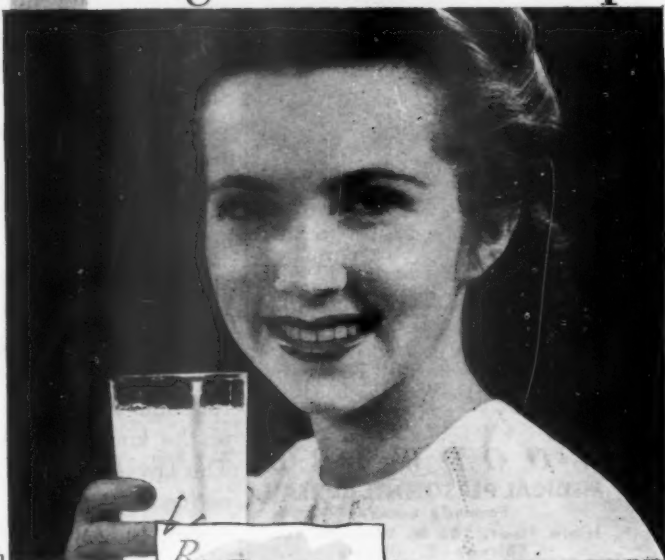
Yes, I think you'd better read "Hospital Sketches" if you want to get a complete picture of the evolution of the American Army nurse. Do, at least, turn to page 93 where Miss Alcott commends the unexpected courtesy with which the surgeons treated her. She had been warned that it would be far otherwise—"nurses being considered mere servants, receiving the lowest pay, and it's my private opinion, doing the hardest work of any part of the army, except the mules." So much for ancient history—or do I mean modern?

It's possible that you may talk back to my preachment on the duty of a nurse to be healthy and ask me what she should do when living conditions in the hospital prevent her from following the rules of health. There you have your aged Auntie up a tree and away out on a limb! I must admit that there are institutions, too many of them, that feed their

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- 2 Mo-Lester, J. S.: Nutrition and Diet in Health and Disease, W. B. Saunders Co., 4th ed., 1944.
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Ann Woodward
Director



Good Luck or Good Timing?

A good many nurses have located recently in superior positions—work they like, pleasant conditions, excellent salaries. Few of the well-placed nurses we know would attribute their good jobs to "luck"—for they themselves had a hand in their success. *They recognized that now is the time for nurses to move up*, then called on us and **WE TOOK A HAND**. We'll be happy to take a hand for you, too, when you say the word . . .

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nurses poorly, house them inadequately and let their working hours run on and on to the utmost capacity of the willing horse. The rush of young women away from the nursing profession has answered this to some degree. We are all aware of the irony of dismissing a cardiac patient with the caution to quit climbing stairs when the unfortunate can only afford to live on the fourth floor of a walk-up tenement. It is just as cruel a paradox to ask a nurse to teach the principles of healthful living and then undernourish and overwork her. Why should a hospital dietitian's function stop short on the threshold of the kitchen of the nurses' home? The laws of calorie requirements for active labor keep right on going. Unless they want to press premature halos on the unwilling brows of their nurses, hospitals had better dispense vitamins and calories to their nurses as well as to their patients. They are paying for an ill-judged economy by the empty chairs in their eternal basement dining-rooms today.

Be seeing you soon with nourishment tucked under my arm,
Your ever-loving Aunt

Sweden has an ideal set-up for cancer patients, who may go to one of two excellent centers for free treatment, regardless of their financial status. France has six excellent centers for cancer, also free. The U.S. needs more facilities for cancer diagnosis and treatment. Terminal cases, where good nursing does much to make life more bearable, are gravely lacking in available care.

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- Taste and texture babies take to. Even your mouth will water at their tempting goodness.
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Psychiatric Problems

[Continued from page 48]

may be contributing causes of overstimulated nerves. Medical therapy under a doctor's direction with large amounts of vitamin B, along with restored hygiene of living, has been helpful in some cases.

When emotional tics, grimaces, winking, snuffling, or some other conscious, controllable movement become compulsive, they belong in the class of hysterias, as they are a manifestation of a conversion of a frustration that the individual can't handle emotionally.

"An emotional tic is not too difficult for the psychiatrist to treat in the early stages," Dr. Kaufman said, "by reconverting the physical symptom back to the anxiety which is causing it, and treating the anxiety. We cannot live very long with an anxiety and so we convert it to tics, migraine headaches, gastrointestinal upsets or other emotionally-caused physical symptoms."

Early diagnosis and treatment is as important for these psychiatric symptoms as for tuberculosis. "A tic or other emotionally-caused symptom which has persisted for many years becomes fixed as a physical symptom and is therefore hard to treat or incurable. The emotional expression of an anxiety may be reconverted to something else; you can eliminate a tic and get a stammer; eliminate the stammer and get diarrhea; and so on chasing the anxiety all over the body. The object of the psychiatrist is to find and eliminate the anxiety which



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is causing the variety of symptoms."

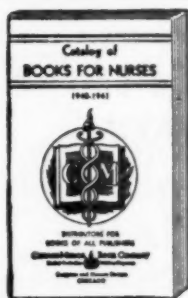
Dr. Kaufman does not believe that a person with a tic can ordinarily work out the anxiety for himself. He says, "Most of us need a confidant with whom we can talk over our anxieties. As an extreme example, suicides are persons who have repressed their own problems until they can no longer live with them, and instead of seeking the help which another can give, end the problem by self-destruction."

The process of unburdening an anxiety, called by psychiatrists *catharsis*, is often sufficient treatment to permit an intelligent person to face difficulties and take sensible action to relieve or improve the cause. A Protestant diagnostician once re-

marked that Catholics had a health advantage in confession, by which they could unburden their anxieties to a priest.

Frequently the questions are asked: Will psychiatric treatment hurt? Is psychiatric discipline painful? Will unburying anxieties be a painful and shaking experience through which the individual must pass before reaching a "cure" or a comfortable state of living?

Dr. Kaufman answers these questions by the reminder that any change is uncomfortable. Giving up certain protected channels of behavior is difficult. But if, as the patient gives up these protected channels, he loses his anxieties, he becomes more secure. [Turn the page]



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N. Y.

1948



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- References:** 1. West. J. Obst. & Gynec., 51:150, 1943
2. Clin. Med. & Surg., 46:327, 1939
3. J. A. M. A., 128:490, 1945
4. Am. J. Obst. & Gynec., 48:510, 1944
5. Am. J. Obst. & Gynec., 46:259, 1943
6. Med. Rec., 155:316, 1942
7. Med. Rec. & Ann., 35:851, 1941

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News

[Continued from page 45]

Before the new form was adopted on a city-wide basis, its use in one borough (Brooklyn) was studied by a group representing the council for social planning, the Visiting Nurse Association, and the United Hospital Fund of New York. The system, believed to be the only one of its scope in the U.S., has aroused wide interest among nursing-welfare-hospital administrators, the fund reports.

► **FOUR DECADES** of service by the National Association of Colored Graduate Nurses will be marked by an anniversary luncheon this month. Since its founding in 1908, the NACGN has grown from a group of 15 to a membership of over 3,000 with local chapters throughout the country.

► **CEREBRAL PALSY** study will be furthered by work of eight physicians, surgeons and therapists, recipients of scholarships awarded by the National Society for Crippled Children and Adults, Inc., for specialized training in this field. These scholarships are made possible by the first of six \$5,000 yearly grants from Alpha Chi Omega, national women's sorority.

► **ANC ESTIMATE** indicates that 3,400 more nurses will be needed before June 1, 1949 to meet the requirements of the expanded Army and Air Forces. The present total of 4,200 Army nurses on duty is 1,500

short of current needs, with an expected loss of 400 nurses within the next year. Eight hundred vacancies exist in the Regular Army, and reservists are being requested to return for a one, two or three-year tour of duty.

► **NEWSLINGS:** In the 2-for-1 program, two Federal dollars for every state dollar, \$2 million in Federal funds were awarded last month to a large number of private hospitals, clinics and universities for improvement of their teaching programs in psychiatry and related sciences and research projects. This was followed by the USPHS announcing the allocation to the states of approximately \$3,550,000 for mental hygiene programs . . . Children's Bureau appropriations for crippled children's services will be so taxed by the severe outbreaks of poliomyelitis, particularly in North Carolina, it is almost a certainty that Congress will be asked to pass a deficiency sum . . . VA is informing nursing and other professional schools that it is revising registration and enrolment procedures for veterans entering education and training programs under the G.I. bill after September 1 . . . Ruth Freeman, R.N., director of ARC nursing services, is going on a three-months loan to the medical branch of the National Security Resources Board. Purpose: To supervise the inventory of U.S.'s professional nurses and to assist in the planning for their utilization in the event of a national emergency . . . About 5 per cent of the total U.S. budget for the fiscal year ending

June 30, 1949, is earmarked for medical expenditures . . . Effective July 11, approximately 15,000 doctors, dentists and nurses in the VA's Department of Medicine and Surgery received annual wage increases of \$350 . . . A record registration is anticipated at the fifteenth annual meeting of the American Association of Nurse Anesthetists, convening September 20-23 in Atlantic City, in view of the proposal, scheduled to be presented at the business session, for a house of delegates.

► **PROVISIONS** of National Heart Act passed by 80th Congress include: (1) establishment of a National Advisory Heart Council composed of 12 non-Federal heart disease experts and laymen; (2) organization of a

National Health Institute. The latter, under the direction of Dr. Cassius J. Van Slyke, PHS veteran, will be housed in a \$40 million clinical research building to be erected in Bethesda, Md. Program will include research by institute's staff, financial aid to outside groups for research, fellowships to scientists, and Federal grants-in-aid to the states for heart disease services.

► **DRUG WARNINGS:** Recently, notices from the Food and Drug Administration informed several drug manufacturers that certain of their products were under suspicion. These products are: (1) An unbuffered, unneutralized acid which is a component of Congo Red solution is suspected of causing or contributing

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to two deaths and numerous real-ities (1) Nasco Brand Castor Oil been rep packaged by the National Special Abbott Co., Nashville, Tenn., and believe stock. to be on sale in 17 Southern and Mid west states, may contain turpentine A MC (3) Return of all Siliform Ampuls interest the Heilkraft Medical Co., Dor been ma chester, Mass., is urged of all phys through cians and druggists since, following NLNE a routine inspection of the plant, mm. do was discovered that the ampuls were and fir not sterilized in the manufacturing Biennia process. Analysis disclosed living on the Flo ganisms in the injection drug; (4) A Bordeau undetermined quantity of Nembutal memori suppositories, manufactured prior tuced l October, 1947 and bearing the cod school's numbers 710 T 292 or lower, contain an Eng from 40 to 223 per cent of the la headqu beled amount of Nembutal. No fasity c

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for O been reported but both the FDA and
pecial Abbott Laboratories are recalling the
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and Mid
entine A MOVIE of more than passing
impuls interest to U.S. nurses has recently
Don been made available in this country
phys through joint sponsorship of ANA,
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lant, mm. documentary made in France
ls were and first shown here at the May
cturing Biennial, features student training at
ring of the Florence Nightingale School in
(4) A Bordeaux, which was founded as a
mbuta memorial to American nurses. Pro-
rior t duced by Serge Roulet, son of the
e cod school's treasurer, the film now has
contain an English narration, added by ANA
the la headquarters with Columbia Univer-
No fan sity cooperation. Title: "L'Ecole

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No hard shoulder.
Baby nurses Evenflo
Nipple by com-
pression as well
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Two air valves
relieve vacuum,
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Flow can be regulated to suit in-
dividual baby by tightening or loos-
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Reversible for thorough cleansing.

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Most Popular Nurser

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Florence Nightingale." Running time: 25 minutes. Available free (except for shipping costs) from ANA, 1790 Broadway, New York 19, N.Y.

► **THREE NEW JERSEY** Industrial Health groups will sponsor a dinner conference Saturday, October 9 at the Military Park Hotel in Newark (N.J.). Miss Frances A. Keen, R.N., of E. I. Dupont de Nemours of Arlington (N.J.) is general chairman. She will be assisted by the presidents of the participating organizations: A. F. Mangelsdorf, M.D., New Jersey Association of Industrial Physicians and Surgeons; E. L. Schall, the New Jersey Section of the American Industrial Hygiene Association; and Mrs. Lena Lyons, R.N., the New Jersey Industrial Nurses' Association.

Our Hands

[Continued from page 36]

I carry a ring on which there are about twenty keys. If I carry them where they are accessible to my left hand, I can give that hand considerably more exercise. I have also trained my fingers to select the proper key for a given door without the aid of the right hand. Very few of us would find it impossible to practice upon some object in everyday use. A suggested exercise for the fingers is the making of continuous chains.

Once the ability to use both hands equally well has been developed, it is surprising how much more can be done in a given length of time and how much less fatigue will then be experienced.



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With **TRUSHAY** that is.

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"beforehand" extra—

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Product of BRISTOL-MYERS, 19 West 50 Street, New York 20, N. Y.

Candid Comments

[Continued from page 33]

What is the nurse's greatest ambition and her deepest source of pride? A well-nursed patient, of course, and a well nursed patient means dividends to hospital, doctor and community.

The nurse is a natural partner. She is the hospital to the patient. She stands closer to him for longer periods of time than does any other worker. She is identified with every service connected with his treatment and recovery. Her attitudes and sense of responsibility to both management and patient are as important as are her skills. She must feel "This is *our* hospital." These things cannot be grown from orders. They

begin in the heart but they travel through a head that understands all that is involved in patient care.

Her pride, her practical knowledge, her cooperation are needed at the round table before any plan for increased productivity can ever be planned. How can economies in the use of materials be effected if she knows nothing of costs? How can she help the administrator if she knows nothing of his trials? How can she bring to bear her hard-earned ideas of economies in service unless she has a partner's seat here?

How can partnership be developed? Instead of a Joint Productivity Clinic, why not have a Joint Service Committee—one that represents each classified group of the

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The Handbook is one of our services to users of LINDE oxygen U. S. P. Ask for a copy.

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WITH THE EXCLUSIVE NON-TIP CARTON STAND—10¢ & 25¢ SIZES



"I go for the tube"



AND NOW THEY'RE BACK—15¢ & 25¢ SIZES

again...voted the nurses' favorite white shoe cleaner

Some like it in the bottle—some like it in the tube—but either way, nurses from coast-to-coast again in 1947 voted GRIFFIN ALLWITE their favorite white shoe cleaner, because . . .

- IT MAKES SHOES WHITER actually whiter than new.
- CLEANS WELL
- RESISTS RUBBING OFF
- EASY TO APPLY
- SAFE FOR ALL WHITE SHOES

So, to keep your shoes always white, always bright, keep *both* forms of GRIFFIN ALLWITE on hand. In the bottle for home use . . . in the tube for carrying in the bag.

new and better **GRIFFIN ALLWITE**

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Palatability

WHEN the patient says, "Doctor, I don't mind taking Ex-Lax; in fact, I like its chocolate taste"—that is palatability.

Ex-Lax is noted for its palatability. Its chocolate base makes it readily acceptable, especially when agreeable taste is an important consideration, as during pregnancy and in administration to children.

Its exceptionally pleasing taste, satisfying thoroughness, and convenience make Ex-Lax the all-around laxative—for adults and children alike.

The effectiveness of Ex-Lax is assured by biological standardization. Its use by many physicians in their practice is a most significant expression of confidence in the merits of Ex-Lax.

The therapeutic ideal for a laxative is closely approximated by

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THE CHOCOLATED LAXATIVE

Ex-Lax is truly economical to use . . . Available in two convenient sizes: 6 tablets, 10 cents; 18 tablets, 25 cents. Ex-Lax, Inc., Brooklyn 17, New York.

nursing staff as well as each branch of all services? Would it be possible for such a committee to function successfully?

Out on the West Coast where the pulp and paper industry is large, safety is an important factor. Safety committees in plants have not been uniformly successful. A series of state conferences were held to determine how to make them more effective. The first product of the conferences was to "reveal what was in the hearts and minds of both workers and employers" with regard to safety. The serious impediments to successful accident prevention were revealed, and "unplanned statements by both worker and employer seemed to reveal certain deep-seated convictions that identifiable unsatisfactory

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\$2.98 each.

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Three short sleeve styles also. Ask for illustration.

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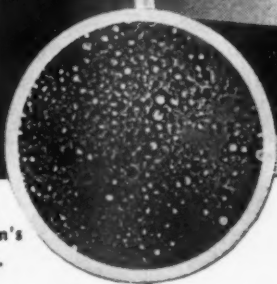


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Test hospital records substantiate the effectiveness of this smooth white Lotion.

Over a two-year period many hundreds of newborns were given routine skin care with Johnson's Baby Lotion—Lotion was used exactly like baby oil. Cases of miliaria dropped to a new and significant low.

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Baby Lotion.
(1000 x.)**



Lotion leaves a discontinuous film.

Johnson's Baby Lotion is a homogenized emulsion of mineral oil and water, with lanolin and an antiseptic added. As the water phase evaporates, a discontinuous film remains.

This permits normal heat radiation, allows perspiration to escape — thus lessening the danger of irritation.



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BABY LOTION**

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FREE! Mail coupon for sample bottle!
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Please send me, free of charge, one sample bottle of Johnson's Baby Lotion.

Name

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Limited to nursing profession in U. S. A.

practices are responsible for lessening the team work which should always be present . . ."

This frank give-and-take discussion is precisely what we need in nursing. Too often conferences have been called where nurses sat listening but not participating. This constraint and diffidence *can* be replaced by courage and candor under a leadership that recognizes nurses as partners in that great task of patient care. Too often we also find that a single conference or several called at unplanned intervals have convinced the administrator that little can be gained through staff "cooperation" in such meetings.

Certain rules in the conduct of any joint conference are essential. In the West Coast conferences, labor

spoke frankly of the faults that have retarded the progress of safety committees. Meetings cancelled by management without previous notice, the absence or tardiness of its representatives, and other similar customs, produced the impression that management considered the committee's function as unimportant. Conferences can get results only when both sides put hearts and minds together on the common cause. Regular meetings with carefully planned agenda, with discussion held to the points at issue, are basic to the growth of a spirit of partnership. And a spirit of partnership is basic in creating greater productivity.

Meetings of this kind cannot possibly start out completely successful.

[Turn the page]



DOO-TEE NURSERY SEAT

Designed to meet the training recommendations of nurses and pediatricians. Adjustable footrest aids in normal bowel evacuation. Or seat can be used on chamber so that infant plants feet firmly on floor. Duck deflector aids posture—prevents slumping forward and gives infant sense of security—something to hang on to. Sturdy. Sanitary finish. No folding devices to pinch baby's fingers.

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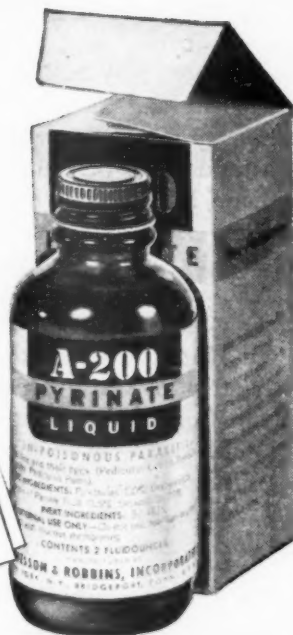


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Little attentions mean such a lot to a patient's comfort. Nothing like pleasant-tasting Glyco-Thymoline to deodorize, cleanse and bring to dry fevered mouths and throats the quick sense of cool refreshment that does so much to bolster morale.

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Avoid that Embarrassing Moment



IT'S AN EMBARRASSING SITUATION when the nurse must explain to parents that a child has lice. Here's a way to get around it gracefully.

Send for a supply of a little leaflet prepared by the makers of A-200 Pyrinate Liquid. It is addressed to mothers. In sympathetic and diplomatic language the mother is told about the danger of lice infestation. It also tells her:

1. A-200 is a sure, fast killer of lice, and their eggs...on contact. One 15-minute application is usually sufficient.
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It takes time to hit a stride, to break down fears and to develop the capacity for expressing ideas. There are, of course, nurses who "won't play," whose only interest is a good pay check and Sundays off. There are plenty more who will play.

Attitudes are the most important elements in making any system work and the right attitudes cannot be created by groups functioning separately. Doctors individually might be unwilling to standardize certain orders, but action by the Medical Staff after facts are revealed in the Service Committee, might well bring this end. A score of similar questions beg for attention; the first job of the Joint Service Committee would be to sort them out to determine which rate

attention. Dr. Coombs' questions are a good starting point.

Isn't this approach just what we need? Don't we need to learn what is in the heart of management, doctors, nurses in regard to the best use of nurses? Don't we need to learn what are the serious impediments to that purpose and what are the unsatisfactory practices responsible for lessening team work which should always be present? Only full and frank discussion by partners can bring out the answers.

¹"The Patients Require More Care," Hannah M. Binhammer, R.N., Dorothy Loveland, R.N., Rosemary Ellis, R.N. *American Journal of Nursing* [June 1948].

²"Reflections on the Nursing Problem" Bulletin of the Mahoning County (Ohio) Medical Society [Dec. 1947].

New steri-seal nursing unit offers many advantages

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A revolutionary nursing unit with many improvements for baby's comfort and health. Air flow is instantly adjustable by turning nipple to slow, medium, fast — correct flow for every formula and every baby's feeding habits. Pop-up nipple, no inverting or handling to feed baby. Advanced breast type nipple with movable teat and cushioned shoulder, no hard ring. Write for illustrated folder,

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POSITIONS AVAILABLE

In accordance with a recent change in policy, all notices in Positions Available are now considered paid advertising. The rate per insertion is \$5 for the first four printed lines, \$1 for each additional line. Count 6 words per line. Copy must be submitted to R.N., Rutherford, N.J., by the 10th of the month preceding publication.

ADMINISTRATOR: East. Convalescent and rehabilitation hospital for post polio and spastic paralysis patients under 16 years of age; university medical center. RN9-1, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

ANESTHETIST: For small private general hospital; salary \$400; meals and laundry; one anesthetist on call; in scenic spot in New Mexico. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

ANESTHETIST: Southwest. General hospital of small size; staff of two anesthetists, well equipped department; college town of 20,000; \$350; maintenance. RN 9-5, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

ANESTHETIST: 236-bed hospital; on call every third night and fourth week-end; salary \$245; position open at once. Also operating room supervisor. Apply Montgomery Hospital, Norristown, Pa.

ASSISTANT DIRECTOR OF NURSES: Degree necessary; administrative experience preferred; salary open. Also nursing arts instructor; salary \$225 and complete maintenance. Apply Director of Nurses, Franklin Square Hospital, Baltimore 23, Md.

CLINICAL INSTRUCTOR: Good salary; pleasant living conditions; convenient location. Also staff nurses and science instructor with degree and some experience. Apply Director of Nurses, Franklin Square Hospital, Baltimore 23, Md.

DIRECTOR OF NURSES: Private general hospital of 100 beds on San Francisco Bay; all graduate staff; must be experienced in administrative work and able to cope with present day nursing problems; salary open but will be good. This hospital is one with whom we have worked for years; a connection we can recommend without reservations. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

DIRECTOR OF NURSES: Vicinity New York City. General hospital, 300 beds; building program includes new nurses' residence; about \$4,200; maintenance. RN9-11, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

DIRECTOR OF SCHOOL OF NURSING AND NURSING SERVICE: West. Hospital affiliated with university medical school; school offers three-year course and also five-year course leading to B.S. degree; \$6,000.

RN9-9, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

EDUCATIONAL DIRECTOR: South. Interesting opening with state board of nurse examiners; duties consist of inspecting schools throughout state, giving the necessary counsel; minimum \$4,000. RN9-14, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

GENERAL DUTY: Position requires comparatively recent graduate; hospital maintains a staff of young nurses who like out-of-doors life and do not mind small communities; Arizona copper mining company camp; \$235; small weekly charge for maintenance. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

GENERAL DUTY: Approved 144-bed general hospital; straight 8-hour day; 6-day week; rotating service; \$155 and full maintenance; \$10 additional for evening and night duty; vacation and sick leave. Apply Director of Nursing, Riverside Hospital, Paducah, Ky.

GENERAL DUTY NURSES: For 43-bed general hospital; 32 miles from Nashville; salary open; full maintenance. Also surgical nurses. Rutherford Hospital, Murfreesboro, Tenn.

GENERAL DUTY NURSES: 25-bed hospital; 8-hour day; \$175; \$200 O.B. scrub call; full maintenance. Write for particulars. Need help immediately. Lincoln County Miners Hospital, Kemmerer, Wyo.

GENERAL DUTY NURSES: 40-hour week, 8-hour day; 10 holidays; three weeks vacation; two weeks sick leave; \$145 month with complete maintenance; \$175 month with meals and laundry. Apply Superintendent of Nurses, New York Eye & Ear Infirmary, 218 Second Ave., New York 3, N.Y.

GENERAL DUTY NURSES: 5-day week; live in; hospital 45 minutes from New York City. Apply Superintendent of Nurses, Long Beach Hospital, Long Beach, N.Y.

GENERAL DUTY NURSES: \$180; operating room \$200; splendid opportunities in modern General Hospital one hour from New York; vacation every six months. Write Superintendent of Nurses, The Brunswick General Hospital, Amityville, N.Y.

GENERAL DUTY NURSES: 250-bed hospital; 40-hour, 5-day week; two weeks vacation with pay after one year; employee is eligible for free group life insurance after six months; eligible to participate in retire-

ment plan after two years consecutive service; salary \$200 per month for day duty; \$210 for evening or night duty; California registration required. For additional information write Director of Nurses, Huntington Memorial Hospital, Pasadena, Calif.

GENERAL DUTY NURSES: 350-bed hospital; salary \$200 and maintenance. Also Pediatric Supervisor; salary open. Borgess Hospital, Kalamazoo, Mich.

GENERAL DUTY NURSES: For Kahler Hospitals affiliated with Mayo Clinic; starting salary \$207 per month; \$213 after six months; \$218 after one year; well balanced meals provided at 25 cents each; limited number of rooms available near hospitals at \$12.50 to \$15 per month; 48-hour week; two weeks vacation; liberal insurance program. Apply Mr. Roy Watson, Superintendent Kahler Hospitals, Rochester, Minn.

GENERAL DUTY NURSES: Nevada. For 50-bed hospital (approved); 8-hour day; two weeks vacation; salary \$165 with complete maintenance. Apply Elko General Hospital, Elko, Nev.

GENERAL DUTY NURSES: Two; 6-day week; 8-hour shift; living quarters in small hospital. Apply Jeffersonville Hospital, Tazewell, Va.

GENERAL DUTY NURSES: For 100-bed hospital. Salary \$175 including full maintenance. Write Superintendent of Nurses, North Plains Hospital, Borger, Tex.

GENERAL DUTY NURSES: \$198 with full maintenance; \$203 nights; \$5 raise after three months and six months; two weeks vacation after first year; 14 days sick pay end of first year when necessary; attractive summer surroundings. Apply Oakland County Tuberculosis Sanatorium, Pontiac, Mich.

GENERAL DUTY NURSES: Straight 8-hour duty; 41-hour week; \$150 per month; complete maintenance or optional living out at \$185; increase after six months; two weeks vacation annually; all graduate staff. Write Director of Nurses, Alton Ochsner Medical Foundation, 5400 Jefferson Highway, New Orleans 20, La.

GENERAL STAFF NURSES: 44-hour week; seven paid holidays; two weeks vacation with pay; salary \$215 monthly. Apply Director of Nurses, Miami Valley Hospital, Dayton, Ohio.

GRADUATE NURSES: Supervisory duty in California hospital for tuberculosis; ideal winter climate; good living and working conditions; salary starts \$245 per month. Write Director, Tulare-Kings Counties Hospital, Springville, Calif.

GRADUATE REGISTERED NURSES: General staff duty; 8-hour duty; one day off a week; pleasant nurses' home; live in or out; 40 miles from Washington, D.C.; foot hills of Blue Ridge Mountains; good bus service in and out of Washington. Apply Maud S. Aiton, R.N., Supt., Loudoun County Hospital, Inc., Leesburg, Va. [Turn the page]

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Three shots of Dip-Pert-Tet*—that's all it takes to condition any young hopeful with dependable immunity to diphtheria, pertussis and tetanus. Formerly called D-P-T, Cutter's combined vaccine offers these definite advantages:

1. Diphtheria and tetanus toxoids so purified that each cc. contains well over the standard "one human dose"...
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Ask your pharmacist for Dip-Pert-Tet—by name.

Supplies of Dip-Pert-Tet are still short of the overwhelming demand—but with constantly increasing production, Cutter has every hope of meeting your needs.

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INDUSTRIAL NURSE: Middle West. Duties include case histories, first aid, physical examinations, typing of reports; Chicago's loop. RN9-19, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

LABORATORY TECHNICIAN: For 75-bed hospital; also nursing instructor; interested candidates contact Pocatello General Hospital, Pocatello, Idaho.

NURSE ANESTHETIST: For obstetrical anesthesia; 48 hours on call; full maintenance; good salary. Apply P.O. Box 76, Cooper Station, New York, N.Y.

NURSE ANESTHETIST: 150-bed hospital; pleasant working conditions; satisfactory salary arrangements assured. Good Samaritan Hospital, Lebanon, Pa.

NURSE ANESTHETIST: Salary \$175 to \$275 depending upon experience and qualifications; full maintenance provided in addition. Write Superintendent, Harrisburg Hospital, Harrisburg, Pa.

OBSTETRICAL NURSES: Salary \$200 month first year. Apply to Directress of Obstetrics and Gynecology, Methodist Hospital, Sixth St., Brooklyn 15, N.Y.

OFFICE NURSE: Middle West. For two physicians well established in suburb of metropolis; duties strictly office nursing; \$250. RN9-18, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

OPERATING ROOM NURSES: Chief operating room nurse; 200-bed county hospital beautifully located in landscaped park two miles from the ocean and near one of Southern California's resort cities; 40-hour week; all call made up; \$200; maintenance. Also two scrub nurses; 35-bed privately owned hospital on coast highway north of Los Angeles; two nurses alternate call; salary averages \$300 with overtime. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

OPERATING ROOM NURSES: 135-bed approved general hospital; increase after three months if permanent; \$7.80 per day, plus \$2.50 for each call and \$4 for call on Saturday; rooms available in vicinity. Apply Director of Nurses, Glenville Hospital, Cleveland 8, Ohio.

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PUBLIC HEALTH NURSES: Vacancies in health department; generalized service including maternal and child care; school health and communicable disease control; immediate appointment on provisional basis; starting salary \$2,400; 37-hour week; liberal vacation allowance; in-service training. Write Bureau of Nursing, City Health Department, 125 Worth Street, New York 13, N.Y.

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cattle ranching and wheat farming section. Write Nursing Section, State Dept. Public Health, 515 Majestic Bldg., Denver, Colo.

PUBLIC HEALTH NURSE: East. For teaching position with voluntary health agency offering bedside nursing care and family health service to large city and surrounding area; \$3,900 to \$4,200. RN9-20, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

RESIDENT NURSES: Two openings in women's dormitories; \$2,115 for 12-month period plus suites, meals, professional laundry; five-six weeks vacation. Apply Student Health Service, Iowa State Teachers College, Cedar Falls, Iowa.

REGISTERED NURSES: Midwest; openings for five; salary starts at \$2,975 per annum; quarters and subsistence available at nominal rate. Shay Medical Agency, 55 E. Washington St., Chicago, Ill.

REGISTERED NURSE: A permanent connection for attractive, personable woman over 45 to represent nationally advertised infants' product and conduct Better-Posture Clinics in country's leading department stores. Selling experience desirable; expenses paid plus fine salary. Apply by mail only giving complete qualifications. Kantwet Products, Newton 58, Mass.

REGISTERED NURSES: Tuberculosis hospital; 620 beds; starting salary \$220 monthly; maintenance valued at \$45 deductible; \$10 additional for evening and night duty; 21-days paid vacation for one year of service; retirement benefits; staff educational program; opportunity for advancement; transportation allowance after first year of service. Apply by air mail to Director of Nursing, Leahi Hospital, Honolulu 26.

REGISTERED NURSES: Salary day \$160; evening \$175; night \$190; meals, laundry and hospitalization; 6-day week; two weeks vacation. Apply Southwestern General Hospital, El Paso, Tex.

REGISTERED NURSES: For new floors; exceptional opportunity in new building; 44-hour week; beginning salary \$200 per month; regular increase every six months; liberal paid vacation, holidays and sick leave; meals and room available in new nurses' home at low cost. Director of Nurses, Mount Sinai Hospital, Chicago 8, Ill.

SCHOOL COUNSELOR: East. General hospital of 450 beds; school has enrolment of 62 students; city offering many cultural and educational advantages. RN9-24, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

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business background for admitting office. Good salary, pleasant surroundings, live in or out. Apply: Nursing Office, Medical Arts Center Hospital, 57 W. 57th St., New York 19, N.Y.

STAFF NURSES: West Coast. Entrance salary \$226; yearly increases, \$275 by 5th year; maintenance for \$45 a month if desired; uniforms laundered free; excellent retirement system. Shay Medical Agency, 55 East Washington St., Chicago, Ill.

STAFF NURSES: For 100-bed general hospital; 8-hour shifts; 6-day week; salary \$150 per month with full maintenance; two weeks vacation; beautiful new nurses' home. Write Superintendent of Nurses, Community Hospital, Elk City, Okla.

STAFF NURSES: Starting salary \$200; \$10 additional for surgery, evening and night nurses; \$2.50 semi-annual increase to \$215; 5-day week; 8-hour day; Social Security; paid vacation; 14 days sick leave yearly. Apply Director, School of Nursing, French Hospital, San Francisco 18, Calif.

STAFF NURSES: Nebraska General Hospital; three alternate shifts; 48-hour week; full maintenance; average salary \$180 per month; 10 per cent yearly bonus; two weeks vacation. Municipal Hospital, Chadron, Neb.

STAFF NURSES: Positions available immediately in medicine, surgery and pediatrics; opportunity for advancement; paid vacation and sick leave; salary \$190; laundry. Apply Director Nursing Service, University Hospitals, Oklahoma City, Okla.

STAFF NURSES: Communicable disease; \$220 monthly; 2 meals and laundry or \$165 complete maintenance; 40-hour, 5-day week; rotating shifts; four weeks vacation; legal holidays. Apply Superintendent of Nurses, Willard Parker Hospital, Foot East 15th Street, New York 9, N.Y.

STAFF NURSES: Starting salary \$2,520 a year including bonus and maintenance; regular increases; 8-hour day; liberal vacation and sick leave. Apply Superintendent of Nurses, Essex County Sanatorium, Verona, N.J.

SUPERVISION TUBERCULOSIS: State sanatorium; salary \$160; full maintenance; 14-days vacation; 14-days sick leave; state retirement system, Eastern North Carolina Sanatorium, Wilson, N.C.

SUPERVISORS, NIGHT AND WARD: For 90-bed tuberculosis sanatorium; straight 8-hour day, 44-hour week; \$181.50 with maintenance; two weeks vacation with pay after one year; sick leave and holiday time; desirable surroundings, attractive quarters. Apply Superintendent of Nurses, Madison County Tuberculosis Sanatorium, Edwardsville, Ill.

SUPERVISOR: Assistant to owner of small but well equipped hospital in Los Angeles; patients convalescent and postoperative, some chronic; wealthy clientele; \$250; maintenance. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

SUPERVISOR, O.B.: East. \$300 plus maintenance; 120-bed general hospital. Shay Med-

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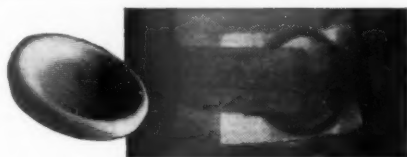
DIRECTOR OF SCHOOL HEALTH SERVICE: South. \$6500-8000, depending on training and experience. Excellent working conditions; metropolitan area.

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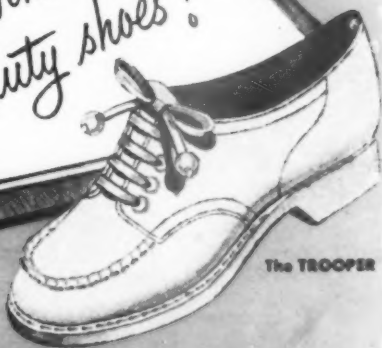
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